

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2045

235

1. PLACE OF DEATH

County Buckhannon
Township St. Joseph
City St. Joseph (No. State Hosp #2)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Harrison Co. Ind
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1874</u>		
7. AGE	YEARS <u>about 60</u>	MONTHS <u>unknown</u>
	DAYS <u>unknown</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>Records State Hosp #2</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Ind</u> DATE <u>Jan 13 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Alf Slaughter Cawley</u>		
20. FILED <u>1-12 1934</u> <u>John R. Bender</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1928 to Jan 12 1934

I last saw her alive on June 12 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:
Date of onset Jan 9 34
Broncho-Pneumonia

Other contributory causes of importance:
107 A
153
112
107 B
Female Psychoe Aug 18 1928
Accumbator unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify _____
(Signed) Dr. Captain Smith M. D.
(Address) State Hosp #2
St. Joseph Ind

Exact statement of OCCUPATION is very important. Do not use this space.

